



## STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**GUEST ARTIST REGISTRATION  
FOR A CONTINUING EDUCATION  
PROGRAM**  
(Presenter of a Continuing Education Class)

Print or Type

FEE: \$10.00

**(Make payable to the Credentialing Division)**

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET ( <a href="http://www.hhs.state.ne.us/lis/lisindex.htm">http://www.hhs.state.ne.us/lis/lisindex.htm</a> )				
1	Name:	First	Middle	Last
2	Address:	Street/PO/Route		
		City	State	Zip
3	Telephone: (Optional)			
4	Current License as a Cosmetologist or Other Related Field:			
	State:	Profession:	License Expiration Date:	
		License #:		

***4Attachment E1 must be submitted to this office for all applicants who are licensed in other states***

**OR**

<p>If not licensed in another state, briefly explain the education or experience that qualifies you to demonstrate products or procedures for the purpose of imparting professional knowledge and information to persons licensed or registered under the cosmetology practice act in Nebraska:</p>

**(Submit supporting documentation to supplement this information)**

**SECTION B - ATTESTATION**

I hereby state that I am the person making application and the statements on this application are true and complete.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date

**SECTION C - SPONSORSHIP**

**4** *Must be completed by the sponsoring licensed Nebraska cosmetologist, electrologist, esthetician, or nail technician or by the owner of the licensed Nebraska cosmetology, esthetics, or nail technology establishment before a Notary Public*

1. NAME OF SPONSOR: \_\_\_\_\_  
(Licensed Nebraska Cosmetologist, Electrologist, Esthetician, Nail Technician, OR  
Name of Licensed Nebraska Cosmetology, Esthetics, or Nail Technology Establishment)

LICENSE NUMBER: \_\_\_\_\_  
(Nebraska Cosmetologist, Electrologist, Esthetician, Nail Technician  
OR Nebraska Establishment)

2. ADDRESS: \_\_\_\_\_  
(Street/P.O. Box/Route)

\_\_\_\_\_  
(City) (State) (Zip Code)

I am the sponsor of the applicant referred to on this application and that the statements herein are true and complete.

\_\_\_\_\_  
(Signature of Sponsor)

\_\_\_\_\_ DATE



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(This form must be  
completed by the State  
Board in all States for which  
you are Licensed)

Print or Type

Indicate the type of license held

<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Esthetician
<input type="checkbox"/> Cosmetology Instructor	<input type="checkbox"/> Esthetic Instructor
<input type="checkbox"/> Electrologist	<input type="checkbox"/> Nail Technician
<input type="checkbox"/> Electrology Instructor	<input type="checkbox"/> Nail Technology Instructor

## CERTIFICATION OF LICENSURE FOR REGISTRATION AS A GUEST ARTIST IN NEBRASKA (CONTINUING EDUCATION PRESENTER)

Our records indicate that \_\_\_\_\_ was  
(Applicant's Name)

issued license number \_\_\_\_\_ to practice \_\_\_\_\_  
(Type of License)

on \_\_\_\_\_ and expires on \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)

It is further verified that based on the records in this department, the applicant's license has:

- a) Had disciplinary action imposed, ☐ yes ☐ no
- b) Been denied licensure, ☐ yes ☐ no
- c) Been refused renewal, ☐ yes ☐ no

If yes to any of the above, please explain: \_\_\_\_\_

d) Has been maintained in good standing up to and including the present date. ☐ yes ☐ no. If no, please  
explain: \_\_\_\_\_

OPTIONAL: Telephone Number:

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of State

\_\_\_\_\_  
Name and Title of Person Completing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Date

S E A L

MAIL TO:  
Board of Cosmetology Examiners  
Credentialing Division  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986

Telephone #: 402-471-2117  
www.hhs.state.ne.us/crl/mhcs/cosi/cequest.pdf